

2100

TRANSFER REQUEST FOR S.N.

09/720,689

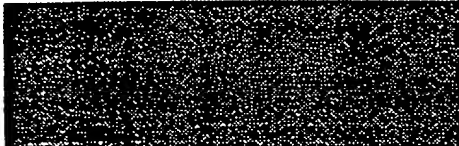
|                        |   |
|------------------------|---|
| DATE: <u>5-22-01</u>   | FROM: <u>D. Winder</u> (print name)                             |
| FORWARD TO:            | REASON(S):  |
| A. Art Unit: _____     | A. You had Parent <input type="checkbox"/> (check box)          |
| B. Class: <u>725</u>   | B. See Title <input type="checkbox"/> (check box)               |
| C Subclass: <u>141</u> | C. See Abstract <input checked="" type="checkbox"/> (check box) |
|                        | D. See Claim(s): <u>1+</u>                                      |

FURTHER EXPLANATION IF NEEDED:

controlling AV (audiovisual) device through a ~~home~~ network

|                    |  |
|--------------------|--|
| DATE: _____        | FROM: _____ (print name)                               |
| FORWARD TO:        | REASON(S):   |
| A. Art Unit: _____ | A. You had Parent <input type="checkbox"/> (check box) |
| B. Class: _____    | B. See Title <input type="checkbox"/> (check box)      |
| C Subclass: _____  | C. See Abstract <input type="checkbox"/> (check box)   |
|                    | D. See Claim(s): _____                                 |

FURTHER EXPLANATION IF NEEDED:

|   |  |
|---|--|
| DATE: _____   | FROM: _____ (print name)                               |
| FORWARD TO CLASSIFIER   | REASON(S):   |
|  | A. You had Parent <input type="checkbox"/> (check box) |
|   | B. See Title <input type="checkbox"/> (check box)      |
|   | C. See Abstract <input type="checkbox"/> (check box)   |
|   | D. See Claim(s): _____                                 |

FURTHER EXPLANATION IF NEEDED:

## DISPOSITION BY 2700 CLASSIFICATION

|                    |  |
|--------------------|--|
| DATE: _____        | CLASSIFIER: _____                                      |
| FORWARD TO:        | REASON(S):   |
| A. Art Unit: _____ | A. You had Parent <input type="checkbox"/> (check box) |
| B. Class: _____    | B. See Title <input type="checkbox"/> (check box)      |
| C Subclass: _____  | C. See Abstract <input type="checkbox"/> (check box)   |
|                    | D. See Claim(s): _____                                 |

FURTHER EXPLANATION IF NEEDED: